CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)		(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
ESGATE,		KAIRA			(916) 323-7646
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1110 K Street		Sacramento	CA	95812	

1110 K Street	Sacramen
4 000 4	
1. Office, Agency, or Court	
Name of Office, Agency, or Court:	
Office of Planning and Research	
Division, Board, District, if applicable:	
Your Position:	
Assistant to Governor	
▶ If filing for multiple positions, list addition position(s): (Attach a separate sheet	
Agency:	
Position:	
2. Jurisdiction of Office (Check	k at least one box)
State	
County of	
City of	
Multi-County	
Other	
3. Type of Statement (Check a	t least one box)
☐ Assuming Office/Initial Date: _	
Annual: The period covered is Januthrough December 31, 2008.	uary 1, 2008,
-or-	
O The period covered is/ December 31, 2008.	_/, through
Leaving Office Date Left:/(Check one)	
O The period covered is January 1, date of leaving office.	2008, through the
-or-	
O The period covered is/ the date of leaving office.	_/, through
Candidate Election Year:	

. Sched	dule Summary
	mber of pages g this cover page:
Check ap	oplicable schedules or "No reportable s."
	isclosed interests on one or more of the schedules:
Schedule	e A-1 Yes – schedule attached nts (Less than 10% Ownership)
Schedule Investmen	e A-2 Yes – schedule attached ints (10% or greater Ownership)
Schedule Real Prop	
Schedule Income, L and Travel	oans, & Business Positions (Income Other than Gifts
Schedule Income -	
Schedule Income -	e E ☐ Yes – schedule attached Gifts – Travel Payments
,	-or-
No re	eportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Much 9, WO9

Signature

FPPC Form 700 (2008/2009) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov